

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 07/13/01?
 - b. The request was received on 07/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/30/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The carrier response received in the division on 08/16/02 is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: letter dated 07/23/02
"Per Surgery Ground Rule I.E.2.a. procedure code 64999 billed as diskectomy, was denied as global to the arthrodesis procedure, 22558...Unlisted code 22899 was billed for the application of BAK or RAY cages...Per the providers submitted documentation, the closest code in the Texas medical fee guidelines for this procedure is 22842. An additional payment is being recommended for unlisted code 22899 at 50% (per the multiple procedure rule) of the MAR for 22842."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 07/13/01.
2. The Carrier's EOBs have the denials:
G – UNBUNDLING
N – NOT DOCUMENTED
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/13/01	64999-51 anterior lumbar discectomy	\$4500.00	\$0.00	G	DOP	MFG, SGR (I)(D)(1)(b), (I)(E)(2)(a) & CPT descriptor, TWCC Advisory 97-01	The dispute centers on if the disputed CPT code is global to the arthrodesis performed on the same day. The carrier's denial appears to be referencing SGR (I)(E)(2)(a) that states, "All arthrodesis procedures include those vertebral graft preparations, such as discectomy, necessary to accomplish the arthrodesis." However, TWCC Advisory 97-01, refers to SGR (I)(E)(2)(a) and states, "The word "minimal" was omitted from the section by clerical error. As corrected it reads: 'All arthrodesis procedures include those vertebral graft preparation, such as minimal discectomy, necessary to accomplish the arthrodesis.'" The medical documentation indicates this was more than a minimal discectomy and should be reimbursed per the multiple procedure rule. Therefore, reimbursement of \$2250.00 (\$4500.00 X 50%) is recommended.
	22899 threaded bone dowels	\$4500.00	\$1700.00	N	DOP	Texas Workers' Compensation Act & Rules Sec. 413.011(d); MFG, SGR (I)(E)(1) & CPT descriptor	Per the provider's letter to the carrier dated 09/06/01, the provider considers the \$3400.00 MAR of CPT code 22842 "fair and reasonable" reimbursement for this DOP procedure. The carrier has reimbursed the provider 50% of the MAR for CPT code 22842 and references the multiple procedure rule. However, the SGR (I)(E)(1) states, "instrumentation codes(s) should be listed as a secondary procedure, without further reduction." The MAR of CPT code 22842 is "fair and reasonable" reimbursement for the billed procedure and the billed procedure is not subject to the multiple procedure rule. Therefore, additional reimbursement of \$1700.00 (\$3400.00 MAR less the \$1700.00 paid to date) is recommended.
Totals		\$9000.00	\$1700.00				The Requestor is entitled to additional reimbursement in the amount of \$3,950.00.

The above Findings and Decision are hereby issued this 4th day of December 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,950.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of December 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division